

Doc Code:

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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Application Number	10/667,216
Filing Date	09/19/2003
First Named Inventor	Mousa, Shaker
Art Unit	1623
Examiner Name	Devesh Khare
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

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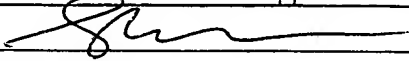
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Shaker A. Mousa		
Date	Aug 29 / 06	Telephone	518-694-7397

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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